

<b>United States Bankruptcy Court Northern District of Illinois</b>						<b>Voluntary Petition</b>	
Name of Debtor (if individual, enter Last, First, Middle): <b>Hodges, Arvell D</b>				Name of Joint Debtor (Spouse) (Last, First, Middle):			
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):			
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>6884</b>				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):			
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>4551 Imperial Dr, Apt 3F Richton Park, IL</b>				Street Address of Joint Debtor (No. & Street, City, State & Zip Code):			
ZIPCODE <b>60471</b>				ZIPCODE			
County of Residence or of the Principal Place of Business: <b>Cook</b>				County of Residence or of the Principal Place of Business:			
Mailing Address of Debtor (if different from street address)				Mailing Address of Joint Debtor (if different from street address):			
ZIPCODE				ZIPCODE			
Location of Principal Assets of Business Debtor (if different from street address above):						ZIPCODE	
<b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____		<b>Nature of Business</b> (Check <b>one</b> box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other _____ <b>Tax-Exempt Entity</b> (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding _____ <b>Nature of Debts</b> (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.			
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				<b>Chapter 11 Debtors</b> <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. ----- <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).			
<b>Statistical/Administrative Information</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.						<b>THIS SPACE IS FOR COURT USE ONLY</b>	
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000							
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion							
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion							

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Hodges, Arvell D</b>	
<b>Prior Bankruptcy Case Filed Within Last 8 Years</b> (If more than two, attach additional sheet)			
Location Where Filed: <b>None</b>	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>None</b>	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts.)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.  <div style="display: flex; justify-content: space-between;"> <span><b>X</b> <u>/s/ Nicolette Robovsky</u></span> <span><b>11/07/08</b></span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Signature of Attorney for Debtor(s)</span> <span>Date</span> </div>	
<b>Exhibit C</b> Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
<b>Exhibit D</b> (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.  If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box.) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.) <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)  <div style="text-align: center; margin-bottom: 10px;">                 _____                  (Name of landlord or lessor that obtained judgment)             </div> <div style="text-align: center; margin-bottom: 10px;">                 _____                  (Address of landlord or lessor)             </div> <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Hodges, Arvell D</b>	
<b>Signatures</b>			
<b>Signature(s) of Debtor(s) (Individual/Joint)</b>  I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  <b>X</b> <u>/s/ Arvell D Hodges</u> Signature of Debtor <b>Arvell D Hodges</b>  <b>X</b> _____ Signature of Joint Debtor  _____ Telephone Number (If not represented by attorney) <b>November 7, 2008</b> Date		<b>Signature of a Foreign Representative</b>  I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only <b>one</b> box.)  <input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.  <input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.  <b>X</b> _____ Signature of Foreign Representative  _____ Printed Name of Foreign Representative  _____ Date	
<b>Signature of Attorney*</b>  <b>X</b> <u>/s/ Nicolette Robovsky</u> Signature of Attorney for Debtor(s) <b>Nicolette Robovsky 6278336</b> Printed Name of Attorney for Debtor(s) <b>Gleason &amp; Gleason</b> Firm Name <b>77 W Washington, Ste 1218</b> Address <b>Chicago, IL 60602</b> <b>(312) 578-9530</b> Telephone Number <b>November 7, 2008</b> Date  *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.		<b>Signature of Non-Attorney Petition Preparer</b>  I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.  _____ Printed Name and title, if any, of Bankruptcy Petition Preparer  _____ Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)  _____ Address	
<b>Signature of Debtor (Corporation/Partnership)</b>  I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.  The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.  <b>X</b> _____ Signature of Authorized Individual  _____ Printed Name of Authorized Individual  _____ Title of Authorized Individual  _____ Date		<b>X</b> _____ Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.  _____ Date  Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:    If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. <i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.</i>	

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)  
OF THE BANKRUPTCY CODE**


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In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

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**1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors****Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a “means test” designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in instalments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them,

using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### **Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### **Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### **3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

### **Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer  
Address:

\_\_\_\_\_  
Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)  
(Required by 11 U.S.C. § 110.)

**X** \_\_\_\_\_

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

### **Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read this notice.

**Hodges, Arvell D**

Printed Name(s) of Debtor(s)

**X /s/ Arvell D Hodges**

Signature of Debtor

**11/07/2008**

Date

Case No. (if known) \_\_\_\_\_

**X** \_\_\_\_\_

Signature of Joint Debtor (if any)

Date

IN RE Hodges, Arvell D

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Rental property at: 1014 Madison St Maywood, IL 60153-1937 (in foreclosure)			250,000.00	323,974.00

**TOTAL****250,000.00**

(Report also on Summary of Schedules)

IN RE Hodges, Arvell D

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	X	Checking account w/ Charter One Bank		100.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.				
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, include audio, video, and computer equipment.		Normal and necessary household goods, including but not limited to: TV, chairs, sofas, tables, bedroom furniture, some kitchen appliances, costume jewelry less than \$500 each piece		1,200.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Misc books pictures and music		50.00
6. Wearing apparel.		Clothing		200.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Term life through work - no cash value		0.00
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

IN RE Hodges, Arvell D

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>1999 Pontiac Grand Prix</b> <b>2000 Lincoln LS</b>		<b>2,000.00</b> <b>5,000.00</b>
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			
31. Animals.	<b>X</b>			



IN RE Hodges, Arvell D

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			
<b>TOTAL</b>				<b>8,550.00</b>

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under: ☐ Check if debtor claims a homestead exemption that exceeds \$136,875.  
(Check one box)

- ☐ 11 U.S.C. § 522(b)(2)
- ☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<b>SCHEDULE B - PERSONAL PROPERTY</b>			
Checking account w/ Charter One Bank	735 ILCS 5 §12-1001(b)	100.00	100.00
Normal and necessary household goods, including but not limited to: TV, chairs, sofas, tables, bedroom furniture, some kitchen appliances, costume jewelry less than \$500 each piece	735 ILCS 5 §12-1001(b)	1,200.00	1,200.00
Misc books pictures and music	735 ILCS 5 §12-1001(a)	50.00	50.00
Clothing	735 ILCS 5 §12-1001(a)	200.00	200.00
1999 Pontiac Grand Prix	735 ILCS 5 §12-1001(b)	100.00	2,000.00
2000 Lincoln LS	735 ILCS 5 §12-1001(c)	2,400.00	5,000.00
	735 ILCS 5 §12-1001(b)	2,600.00	

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. <b>38171435, 07CGH18497</b> <b>Ocwen Federal Bank</b> <b>12650 Ingenuity Dr</b> <b>Orlando, FL 32826-2703</b>		<b>Mortgage account opened 8/05. Secured by property at 1014 Madison, Maywood, IL</b>  VALUE \$ <b>250,000.00</b>				<b>307,974.00</b>	<b>73,974.00</b>
ACCOUNT NO. <b>Deutsche National Bank</b> <b>C/O Noonan &amp; Lieberman</b> <b>105 W Adams St Ste 3000</b> <b>Chicago, IL 60603-6228</b>		<b>Assignee or other notification for: Ocwen Federal Bank</b>  VALUE \$					
ACCOUNT NO. <b>Payday Loan Store</b> <b>628 W 14th St</b> <b>Chicago Heights, IL 60411</b>		<b>title loan secured by 1999 Pontiac Grand Prix.</b>  VALUE \$ <b>2,000.00</b>				<b>1,200.00</b>	
ACCOUNT NO. <b>Tresses Wylie</b> <b>22061 Neptune Ln</b> <b>Richton Park, IL 60471-3107</b>		<b>Second mortgage on 1014 Madison St, Maywood, IL 60153</b>  VALUE \$ <b>250,000.00</b>				<b>16,000.00</b>	
Subtotal (Total of this page)						<b>\$ 325,174.00</b>	<b>\$ 73,974.00</b>
Total (Use only on last page)						<b>\$ 325,174.00</b>	<b>\$ 73,974.00</b>

0 continuation sheets attached

(Report also on  
Summary of  
Schedules.)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

IN RE Hodges, Arvell D

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
**(Continuation Sheet)****Taxes and Other Certain Debts Owed to Governmental Units**

(Type of Priority for Claims Listed on This Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. <b>Illinois Department Of Child Support PO Box 19405 Springfield, IL 62794-9405</b>		<b>current child support</b>						
ACCOUNT NO. <b>Illinois Department Of Human Services For Chalana West 401 South Clinton Street Chicago, IL 60607</b>		<b>Assignee or other notification for: Illinois Department Of Child Support</b>						
ACCOUNT NO. <b>Illinois Department Of Revenue 100 W Randolph St Ste 7-400 Chicago, IL 60601-3218</b>		<b>2005 income taxes</b>				<b>200.00</b>	<b>200.00</b>	
ACCOUNT NO. <b>Internal Revenue Service Mail Stop 5010 CHI 230 S Dearborn St Chicago, IL 60604-1505</b>		<b>2005 income taxes</b>				<b>500.00</b>	<b>500.00</b>	
ACCOUNT NO. <b>Internal Revenue Service IRS Centralized Insolvency Operation PO Box 21126 Philadelphia, PA 19114-0326</b>		<b>Assignee or other notification for: Internal Revenue Service</b>						
ACCOUNT NO.  								

Sheet no. 1 of 1 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority ClaimsSubtotal  
(Totals of this page)\$ **700.00** \$ **700.00** \$

Total

(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)

\$ **700.00**

Total

(Use only on last page of the completed Schedule E. If applicable,  
report also on the Statistical Summary of Certain Liabilities and Related Data.)\$ **700.00** \$

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>6439593800pa00002</b> <b>Aes/chase Elt Wac Llcn</b> <b>1200 N 7th St</b> <b>Harrisburg, PA 17102-1419</b>		<b>Installment account opened 7/04. STUDENT LOANS</b>				<b>25,763.00</b>
ACCOUNT NO. <b>6439593800pa00001</b> <b>Aes/chase Elt Wac Llcn</b> <b>1200 N 7th St</b> <b>Harrisburg, PA 17102-1419</b>		<b>Installment account opened 7/04. STUDENT LOANS</b>				<b>12,730.00</b>
ACCOUNT NO. <b>1002283812,5579,2908,8711</b> <b>Armor Systems Co</b> <b>1700 Kiefer Dr Ste 1</b> <b>Zion, IL 60099</b>		<b>Open Collections accounts opened 7/08</b>				<b>120.00</b>
ACCOUNT NO. <b>Brookfield Police Department</b> <b>8820 Brookfield Ave</b> <b>Brookfield, IL 60513-1602</b>		<b>Assignee or other notification for:</b> <b>Armor Systems Co</b>				
<div> <div>9 continuation sheets attached</div> <div>Subtotal (Total of this page)</div> </div>						\$ <b>38,613.00</b>
<div> <div>(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)</div> <div>Total</div> </div>						\$

IN RE Hodges, Arvell D

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>19637490</b> <b>At&amp;T</b> <b>PO Box 8212</b> <b>Aurora, IL 60572-8212</b>		<b>Open account opened 2/07</b>				<b>165.00</b>
ACCOUNT NO. <b>West Asset Management</b> <b>220 Sunset Blvd Ste A</b> <b>Sherman, TX 75092-7465</b>		<b>Assignee or other notification for:</b> <b>At&amp;T</b>				
ACCOUNT NO. <b>517805251847</b> <b>Capital 1 Bk</b> <b>11013 W Broad St</b> <b>Glen Allen, VA 23060-5937</b>		<b>Revolving account opened 12/04</b>				<b>1,212.00</b>
ACCOUNT NO. <b>Portfio Recovery Associates</b> <b>Po Box 12914</b> <b>Norfolk, VA 23541</b>		<b>Assignee or other notification for:</b> <b>Capital 1 Bk</b>				
ACCOUNT NO. <b>486236258892</b> <b>Capital 1 Bk</b> <b>11013 W Broad St</b> <b>Glen Allen, VA 23060-5937</b>		<b>Revolving account opened 9/05</b>				<b>1,486.00</b>
ACCOUNT NO. <b>TSYS Debt Management</b> <b>PO Box 5155</b> <b>Norcross, GA 30091</b>		<b>Assignee or other notification for:</b> <b>Capital 1 Bk</b>				
ACCOUNT NO. <b>62062190130231001</b> <b>Capital One Auto Finance</b> <b>3901 Dallas Pkwy</b> <b>Plano, TX 75093-7864</b>		<b>Pending judgment 08M1146896 from Installment account opened 10/05. Auto repossession.</b>				<b>23,210.00</b>

Sheet no. 1 of 9 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **26,073.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$

IN RE Hodges, Arvell D

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Blitt And Gaines</b> <b>661 Glenn Ave</b> <b>Wheeling, IL 60090</b>		<b>Assignee or other notification for:</b> <b>Capital One Auto Finance</b>				
ACCOUNT NO. <b>7983</b> <b>Chase</b> <b>Po Box 15145</b> <b>Wilmington, DE 19850</b>		<b>bank fees</b>				<b>3,924.00</b>
ACCOUNT NO. <b>AM Financial</b> <b>3715 Ventura Dr</b> <b>Arlington Heights, IL 60004</b>		<b>Assignee or other notification for:</b> <b>Chase</b>				
ACCOUNT NO. <b>City Of Chicago Bureau Of Parking</b> <b>Dept Of Revenue</b> <b>333 S State St Ste 540</b> <b>Chicago, IL 60604-3992</b>		<b>parking tickets</b>				<b>1,000.00</b>
ACCOUNT NO. <b>Arnold Scott Harris, PC</b> <b>600 W Jackson Blvd Ste 720</b> <b>Chicago, IL 60661-5683</b>		<b>Assignee or other notification for:</b> <b>City Of Chicago Bureau Of Parking</b>				
ACCOUNT NO. <b>Linebarger, Goggan, Blair, &amp; Sampson LLP</b> <b>Attorneys At Law</b> <b>PO Box 6152</b> <b>Chicago, IL 60606-0152</b>		<b>Assignee or other notification for:</b> <b>City Of Chicago Bureau Of Parking</b>				
ACCOUNT NO. <b>Com Ed</b> <b>Revenue Management</b> <b>2100 Swift Dr</b> <b>Oak Brook, IL 60523-1559</b>		<b>Utility or Cellular Service</b>				<b>1,000.00</b>

Sheet no. 2 of 9 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **5,924.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$



IN RE Hodges, Arvell D

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>638242</b> <b>Crdtrs Allnc</b> <b>Po Box 1288</b> <b>Bloomington, IL 61702</b>						<b>105.00</b>
ACCOUNT NO. <b>Air Tech Htg Clg Corp</b> <b>229 Mannheim Rd</b> <b>Bellwood, IL 60104-1339</b>		<b>Assignee or other notification for:</b> <b>Crdtrs Allnc</b>				
ACCOUNT NO. <b>33741523</b> <b>Credit Management Lp</b> <b>4200 International Pkwy</b> <b>Carrollton, TX 75007</b>		<b>Open account opened 2/07</b>				<b>136.00</b>
ACCOUNT NO. <b>Comcast</b> <b>For Comcast-Chicago Seconds-4000</b> <b>1500 Market St</b> <b>Philadelphia, PA 19102-2100</b>		<b>Assignee or other notification for:</b> <b>Credit Management Lp</b>				
ACCOUNT NO. <b>4447961125353124</b> <b>Credit One Bank</b> <b>PO Box 98875</b> <b>Las Vegas, NV 89193-8875</b>		<b>Revolving account opened 1/05</b>				<b>561.00</b>
ACCOUNT NO. <b>1444019552</b> <b>Credit Protection Asso</b> <b>13355 Noel Rd Ste 2100</b> <b>Dallas, TX 75240</b>		<b>Open account opened 12/07</b>				<b>139.00</b>
ACCOUNT NO. <b>Comcast</b> <b>Attn: Bankruptcy</b> <b>1500 Market St</b> <b>Philadelphia, PA 19102-2100</b>		<b>Assignee or other notification for:</b> <b>Credit Protection Asso</b>				

Sheet no. 3 of 9 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **941.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE **Hodges, Arvell D**

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>723r1928438</b> <b>Fifth Third Bank</b> <b>PO Box 630337</b> <b>Cincinnati, OH 45263-0337</b>		<b>Open account opened 5/08</b>				<b>414.00</b>
ACCOUNT NO. <b>5433-6287-5188-1701</b> <b>First Premier Bank</b> <b>601 S Minnesota Ave</b> <b>Sioux Falls, SD 57104-4824</b>		<b>Revolving account opened 4/03</b>				<b>424.00</b>
ACCOUNT NO. <b>543362875294</b> <b>Fst Premier</b> <b>900 W Delaware St</b> <b>Sioux Falls, SD 57104-0337</b>		<b>Revolving account opened 4/03</b>				<b>409.00</b>
ACCOUNT NO. <b>08070790152</b> <b>Keller Graduate School Of Management</b> <b>225 W Washington St # 100</b> <b>Chicago, IL 60606-2418</b>		<b>tuition and fees</b>				<b>2,056.51</b>
ACCOUNT NO. <b>Merchant's Credit Guide Co.</b> <b>Executive Office</b> <b>223 W Jackson Blvd, Ste 900</b> <b>Chicago, IL 60606-6908</b>		<b>Assignee or other notification for:</b> <b>Keller Graduate School Of Management</b>				
ACCOUNT NO. <b>42220627300107</b> <b>Navy Fcu</b> <b>1 Security Place</b> <b>Merrifield, VA 22116</b>		<b>Installment account opened 8/06</b>				<b>1,208.00</b>
ACCOUNT NO. <b>Calvary Portfolio Services</b> <b>Attn Bankrupcty</b> <b>Po Box 1017</b> <b>Hawthorne, NY 10532</b>		<b>Assignee or other notification for:</b> <b>Navy Fcu</b>				

Sheet no. 4 of 9 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **4,511.51**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Hodges, Arvell D

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>42220627300</b> <b>Navy Federal Cr Union</b> <b>PO Box 3600</b> <b>Merrifield, VA 22116-3600</b>		<b>Installment account opened 8/03</b>				<b>9,446.00</b>
ACCOUNT NO. <b>Calvary Portfolio Services</b> <b>7 Skyline Dr, 3rd Floor</b> <b>Hawthorne, NY 10532</b>		<b>Assignee or other notification for:</b> <b>Navy Federal Cr Union</b>				
ACCOUNT NO. <b>9614932</b> <b>Nco Fin/27</b> <b>Po Box 7216</b> <b>Philadelphia, PA 19101</b>		<b>Open account opened 8/08</b>				<b>518.00</b>
ACCOUNT NO. <b>Bank Of America</b> <b>Recovery Management, MD4-3001-16-01</b> <b>225 N Calvert St</b> <b>Baltimore, MD 21202-3504</b>		<b>Assignee or other notification for:</b> <b>Nco Fin/27</b>				
ACCOUNT NO. <b>326086</b> <b>Nicor Gas</b> <b>1844 W Ferry Rd</b> <b>Naperville, IL 60563-9662</b>		<b>Open account opened 10/05</b>				<b>1,068.00</b>
ACCOUNT NO. <b>723231</b> <b>Nicor Gas</b> <b>1844 W Ferry Rd</b> <b>Naperville, IL 60563-9662</b>		<b>Open account opened 10/05</b>				<b>534.00</b>
ACCOUNT NO. <b>524224</b> <b>Nicor Gas</b> <b>1844 W Ferry Rd</b> <b>Naperville, IL 60563-9662</b>		<b>Open account opened 10/06</b>				<b>355.00</b>

Sheet no. 5 of 9 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **11,921.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Hodges, Arvell D

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>42091145403</b> <b>Nicor Gas</b> <b>1844 W Ferry Rd</b> <b>Naperville, IL 60563-9662</b>		<b>Open account opened 11/03</b>				<b>202.00</b>
ACCOUNT NO. <b>524224</b> <b>Nicor Gas</b> <b>1844 Ferry Road</b> <b>Naperville, IL 60563</b>		<b>Open account opened 7/07</b>				<b>3,543.00</b>
ACCOUNT NO. <b>Payday Loan Store</b> <b>1515 Western Ave</b> <b>Chicago Heights, IL 60411-3148</b>		<b>loan</b>				<b>400.00</b>
ACCOUNT NO. <b>9782678</b> <b>Professnl Acct Mgmt In</b> <b>633 W Wisconsin Ave Ste</b> <b>Milwaukee, WI 53203</b>		<b>Open account opened 12/07</b>				<b>151.00</b>
ACCOUNT NO. <b>TCF Bank</b> <b>800 Burr Ridge Pkwy</b> <b>Burr Ridge, IL 60527-6486</b>		<b>Assignee or other notification for:</b> <b>Professnl Acct Mgmt In</b>				
ACCOUNT NO. <b>89990</b> <b>Remax Excellence</b> <b>16252 Prince Dr</b> <b>South Holland, IL 60473-3233</b>		<b>Open account opened 3/06.</b>				<b>5,675.00</b>
ACCOUNT NO. <b>Rmi/Mcsi</b> <b>3348 Ridge Rd</b> <b>Lansing, IL 60438-3112</b>		<b>Assignee or other notification for:</b> <b>Remax Excellence</b>				

Sheet no. 6 of 9 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **9,971.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Hodges, Arvell D

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>947684769610002</b> <b>Sallie Mae</b> <b>PO Box 9500</b> <b>Wilkes Barre, PA 18773-9500</b>		<b>Installment account opened 3/05. STUDENT LOANS</b>				<b>2,830.00</b>
ACCOUNT NO. <b>947684769610001</b> <b>Sallie Mae Servicing</b> <b>1002 Arthur Dr</b> <b>Lynn Haven, FL 32444-1683</b>		<b>Installment account opened 3/05. STUDENT LOANS</b>				<b>2,304.00</b>
ACCOUNT NO. <b>08M1302119</b> <b>Tiffany Moore</b> <b>C/O Blumenshine Meyer</b> <b>221 N Lasalle St Ste 2206</b> <b>Chicago, IL 60601-1532</b>		<b>pending personal injury lawsuit</b>				<b>15,000.00</b>
ACCOUNT NO. <b>University Of Phoenix</b> <b>3157 E Elwood St</b> <b>Phoenix, AZ 85034-7209</b>		<b>tuition and fees</b>				<b>1,000.00</b>
ACCOUNT NO. <b>05CH19467</b> <b>Us Bank Home Mortgage</b> <b>777 E Wisconsin Ave</b> <b>Milwaukee, WI 53202-5300</b>		<b>Notice only. foreclosure in 2005.</b>				<b>0.00</b>
ACCOUNT NO. <b>Fisher And Shapiro</b> <b>4201 Lake Cook Rd 1ST Fl</b> <b>Northbrook, IL 60062-1060</b>		<b>Assignee or other notification for: Us Bank Home Mortgage</b>				
ACCOUNT NO. <b>8821</b> <b>Village Of Matteson</b> <b>4900 Village Commons</b> <b>Matteson, IL 60443-2666</b>		<b>tickets</b>				<b>250.00</b>

Sheet no. 7 of 9 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **21,384.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Hodges, Arvell D

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Rmi/Mcsi</b> <b>3348 Ridge Rd</b> <b>Lansing, IL 60438-3112</b>		<b>Assignee or other notification for:</b> <b>Village Of Matteson</b>				
ACCOUNT NO. <b>Village Of Maywood</b> <b>Water Department</b> <b>125 S 5th Ave</b> <b>Maywood, IL 60153-1376</b>		<b>Utility bill</b>				<b>1,050.00</b>
ACCOUNT NO. <b>Heller And Frisone Law</b> <b>33 N Lasalle St</b> <b>Chicago, IL 60602-2603</b>		<b>Assignee or other notification for:</b> <b>Village Of Maywood</b>				
ACCOUNT NO. <b>Village Of Maywood</b> <b>Water Department</b> <b>40 Madison St</b> <b>Maywood, IL 60153-2323</b>		<b>Assignee or other notification for:</b> <b>Village Of Maywood</b>				
ACCOUNT NO. <b>Village Of Maywood</b> <b>40 Madison St</b> <b>Maywood, IL 60153-2323</b>		<b>municipal violoation</b>				<b>1,000.00</b>
ACCOUNT NO. <b>Washington Mutual</b> <b>Bankruptcy Department</b> <b>PO Box 99604</b> <b>Arlington, TX 76096-9604</b>		<b>bank fees</b>				<b>700.00</b>
ACCOUNT NO. <b>Chex Systems</b> <b>7805 Hudson Rd Ste 100</b> <b>Saint Paul, MN 55125-1595</b>		<b>Assignee or other notification for:</b> <b>Washington Mutual</b>				

Sheet no. 8 of 9 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **2,750.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE **Hodges, Arvell D**

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.  <b>Telecheck</b> <b>5251 Westheimer Rd</b> <b>Houston, TX 77056-5412</b>			<b>Assignee or other notification for:</b> <b>Washington Mutual</b>				
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							

Sheet no. **9** of **9** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$ **122,088.51**

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

Debtor's Marital Status <b>Divorced</b>	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): <b>Child Lives W/ Mom</b> <b>Child Lives W/ Mom</b>	AGE(S): <b>7</b> <b>4</b>
EMPLOYMENT: DEBTOR		SPOUSE
Occupation <b>Senior Staff Account</b> Name of Employer <b>Aon Insurance</b> How long employed <b>6 months</b> Address of Employer <b>Chicago, IL</b>		

<b>INCOME:</b> (Estimate of average or projected monthly income at time case filed)	DEBTOR	SPOUSE
1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)	\$ <b>5,416.66</b>	\$ _____
2. Estimated monthly overtime	\$ _____	\$ _____
<b>3. SUBTOTAL</b>	<b>\$ 5,416.66</b>	\$ _____
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and Social Security	\$ <b>748.52</b>	\$ _____
b. Insurance	\$ <b>425.20</b>	\$ _____
c. Union dues	\$ _____	\$ _____
d. Other (specify) _____	\$ _____	\$ _____
<b>5. SUBTOTAL OF PAYROLL DEDUCTIONS</b>	<b>\$ 1,173.72</b>	\$ _____
<b>6. TOTAL NET MONTHLY TAKE HOME PAY</b>	<b>\$ 4,242.94</b>	\$ _____
7. Regular income from operation of business or profession or farm (attach detailed statement)	\$ _____	\$ _____
8. Income from real property	\$ _____	\$ _____
9. Interest and dividends	\$ _____	\$ _____
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$ _____	\$ _____
11. Social Security or other government assistance (Specify) _____	\$ _____	\$ _____
12. Pension or retirement income	\$ _____	\$ _____
13. Other monthly income (Specify) _____	\$ _____	\$ _____
<b>14. SUBTOTAL OF LINES 7 THROUGH 13</b>	<b>\$ _____</b>	\$ _____
<b>15. AVERAGE MONTHLY INCOME</b> (Add amounts shown on lines 6 and 14)	<b>\$ 4,242.94</b>	\$ _____
<b>16. COMBINED AVERAGE MONTHLY INCOME:</b> (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	<b>\$ 4,242.94</b>	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:  
**None**



SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor’s family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

☐ Check this box if a joint petition is filed and debtor’s spouse maintains a separate household. Complete a separate schedule of expenditures labeled “Spouse.”

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ 825.00
a. Are real estate taxes included? Yes ___ No <input checked="" type="checkbox"/>	
b. Is property insurance included? Yes ___ No <input checked="" type="checkbox"/>	
2. Utilities:	
a. Electricity and heating fuel	\$ 350.00
b. Water and sewer	\$ 70.00
c. Telephone	\$ 75.00
d. Other <u>Cell Phone</u>	\$ 130.00
<u>Cable</u>	\$ 50.00
3. Home maintenance (repairs and upkeep)	\$ 10.00
4. Food	\$ 400.00
5. Clothing	\$ 75.00
6. Laundry and dry cleaning	\$ 20.00
7. Medical and dental expenses	\$ 90.00
8. Transportation (not including car payments)	\$ 250.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ 35.00
10. Charitable contributions	\$ 100.00
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner’s or renter’s	\$ 50.00
b. Life	\$ 25.00
c. Health	\$
d. Auto	\$
e. Other	\$
12. Taxes (not deducted from wages or included in home mortgage payments)	
(Specify)	\$
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ 100.00
b. Other <u>Student Loan</u>	\$ 150.00
14. Alimony, maintenance, and support paid to others	\$ 1,088.34
15. Payments for support of additional dependents not living at your home	\$ 200.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$
17. Other <u>Personal Care &amp; Grooming</u>	\$ 75.00
<u>Vehicle Care And Maintenance</u>	\$ 50.00
<u>Bank Fees &amp; Postage</u>	\$ 20.00

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$ 4,238.34

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:  
**None**

20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 15 of Schedule I	\$ 4,242.94
b. Average monthly expenses from Line 18 above	\$ 4,238.34
c. Monthly net income (a. minus b.)	\$ 4.60

IN RE **Hodges, Arvell D**

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 24 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: **November 7, 2008** Signature: **/s/ Arvell D Hodges**  
**Arvell D Hodges**

Debtor

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Joint Debtor, if any)  
[If joint case, both spouses must sign.]

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

*If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.*

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor)

*[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]*

*Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.*

IN RE:

Case No. \_\_\_\_\_

Hodges, Arvell D

Chapter 7

Debtor(s)

### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### DEFINITIONS

**"In business."** A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

**"Insider."** The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

#### 1. Income from employment or operation of business

- None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
55,000.00	Estimated 2006 income from employment
57,679.00	2007 Income from employment
5,400.00	2008 Income from employment (monthly)

#### 2. Income other than from employment or operation of business

- None ☐ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
10,700.00	Estimated 2006 rental income
14,785.00	Estimated 2007 rental income
9,000.00	2008 Income from rental income

no rental income since June 2008

### 3. Payments to creditors

Complete a. or b., as appropriate, and c.

None ☒ a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
<b>Tiffany Moore vs Arvell Hodges; 08M1302119</b>	<b>Personal Injury</b>	<b>Cook County Circuit Court</b>	<b>Pending</b>
<b>Capital One Auto Finance vs Avell Hodges; 08M1146896</b>	<b>Collections</b>	<b>Cook County Circuit Court</b>	<b>Pending</b>
<b>Deutsche Bank National vs Arvell Hodges: 07CH18497</b>	<b>Foreclosure</b>	<b>Cook County Circuit Court, Chancery</b>	<b>Judgment entered. Sale pending.</b>

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 5. Repossessions, foreclosures and returns

None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
<b>Capital One Auto Finance 3901 Dallas Pkwy Plano, TX 75093-7864</b>	<b>March 2006</b>	<b>Voluntary Surrender of 2002 Infinity IXY</b>

### 6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

## 7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

## 8. Losses

None ☐ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
\$2000	Damage from tenants	2006

## 9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Gleason And Gleason LLC 77 W Washington, Ste 1218 Chicago, IL 60602	10/16/2008	676.00

## 10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

## 11. Closed financial accounts

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

## 12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

## 13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

## 14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

## 15. Prior address of debtor

None ☐ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS

5720 W 190th Pl, Country Club Hills, 60478

16446 Spaulding, Markham, IL 60428

2044 Lioncrest, Richton Park, IL 60471

1014 Madison St, Maywood, IL 60053

NAME USED

DATES OF OCCUPANCY

**16. Spouses and Former Spouses**

- None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

**17. Environmental Information**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

- None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

- None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

- None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

**18. Nature, location and name of business**

- None ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

- None ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: **November 7, 2008**

Signature /s/ Arvell D Hodges  
of Debtor

**Arvell D Hodges**

Date: \_\_\_\_\_

Signature \_\_\_\_\_  
of Joint Debtor  
(if any)

0 continuation pages attached

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.*

IN RE:

Case No. \_\_\_\_\_

Hodges, Arvell D

Chapter 7

Debtor(s)

### SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 250,000.00		
B - Personal Property	Yes	3	\$ 8,550.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 325,174.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		\$ 700.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	10		\$ 122,088.51	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			\$ 4,242.94
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$ 4,238.34
TOTAL		22	\$ 258,550.00	\$ 447,962.51	



IN RE:

Case No. \_\_\_\_\_

Hodges, Arvell D

Chapter 7

Debtor(s)

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 700.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 43,627.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
<b>TOTAL</b>	<b>\$ 44,327.00</b>

State the following:

Average Income (from Schedule I, Line 16)	\$ 4,242.94
Average Expenses (from Schedule J, Line 18)	\$ 4,238.34
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 )	\$ 6,019.16

State the following:

1. Total from Schedule D, “UNSECURED PORTION, IF ANY” column		\$ 73,974.00
2. Total from Schedule E, “AMOUNT ENTITLED TO PRIORITY” column.	\$ 700.00	
3. Total from Schedule E, “AMOUNT NOT ENTITLED TO PRIORITY, IF ANY” column		\$ 0.00
4. Total from Schedule F		\$ 122,088.51
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 196,062.51

IN RE:

Case No. \_\_\_\_\_

Hodges, Arvell D

Chapter 7

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
WITH CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]*

**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Arvell D Hodges

Date: November 7, 2008

IN RE:

Hodges, Arvell D

Case No. \_\_\_\_\_

Chapter **7**

Debtor(s)

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

- ☒ I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.  
☐ I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.  
☒ I intend to do the following with respect to the property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
Rental property at:	Ocwen Federal Bank	✓			
1999 Pontiac Grand Prix	Payday Loan Store				✓
Rental property at:	Tresses Wylie	✓			

Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)

11/07/2008

/s/ Arvell D Hodges

Date

Arvell D Hodges

Debtor

Joint Debtor (if applicable)

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

IN RE:

Case No. \_\_\_\_\_

Hodges, Arvell D

Chapter 7

Debtor(s)

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors 65

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: November 7, 2008

/s/ Arvell D Hodges

Debtor

\_\_\_\_\_  
Joint Debtor

Hodges, Arvell D  
4551 Imperial Dr, Apt 3F  
Richton Park, IL 60471

Brookfield Police Department  
8820 Brookfield Ave  
Brookfield, IL 60513-1602

Comcast  
For Comcast-Chicago Seconds-4000  
1500 Market St  
Philadelphia, PA 19102-2100

Gleason & Gleason  
77 W Washington, Ste 1218  
Chicago, IL 60602

Calvary Portfolio Services  
7 Skyline Dr, 3rd Floor  
Hawthorne, NY 10532

Crdtrs Allnc  
Po Box 1288  
Bloomington, IL 61702

Aes/chase Elt Wac Llc  
1200 N 7th St  
Harrisburg, PA 17102-1419

Calvary Portfolio Services  
Attn Bankruptcy  
Po Box 1017  
Hawthorne, NY 10532

Credit Management Lp  
4200 International Pkwy  
Carrollton, TX 75007

Air Tech Htg Clg Corp  
229 Mannheim Rd  
Bellwood, IL 60104-1339

Capital 1 Bk  
11013 W Broad St  
Glen Allen, VA 23060-5937

Credit One Bank  
PO Box 98875  
Las Vegas, NV 89193-8875

AM Financial  
3715 Ventura Dr  
Arlington Heights, IL 60004

Capital One Auto Finance  
3901 Dallas Pkwy  
Plano, TX 75093-7864

Credit Protection Asso  
13355 Noel Rd Ste 2100  
Dallas, TX 75240

Armor Systems Co  
1700 Kiefer Dr Ste 1  
Zion, IL 60099

Chase  
Po Box 15145  
Wilmington, DE 19850

Deutsche National Bank  
C/O Noonan & Lieberman  
105 W Adams St Ste 3000  
Chicago, IL 60603-6228

Arnold Scott Harris, PC  
600 W Jackson Blvd Ste 720  
Chicago, IL 60661-5683

Chex Systems  
7805 Hudson Rd Ste 100  
Saint Paul, MN 55125-1595

Fifth Third Bank  
PO Box 630337  
Cincinnati, OH 45263-0337

At&T  
PO Box 8212  
Aurora, IL 60572-8212

City Of Chicago Bureau Of Parking  
Dept Of Revenue  
333 S State St Ste 540  
Chicago, IL 60604-3992

First Premier Bank  
601 S Minnesota Ave  
Sioux Falls, SD 57104-4824

Bank Of America  
Recovery Management, MD4-3001-16-01  
225 N Calvert St  
Baltimore, MD 21202-3504

Com Ed  
Revenue Management  
2100 Swift Dr  
Oak Brook, IL 60523-1559

Fisher And Shapiro  
4201 Lake Cook Rd 1ST Fl  
Northbrook, IL 60062-1060

Blitt And Gaines  
661 Glenn Ave  
Wheeling, IL 60090

Comcast  
Attn: Bankruptcy  
1500 Market St  
Philadelphia, PA 19102-2100

Fst Premier  
900 W Delaware St  
Sioux Falls, SD 57104-0337

Heller And Frisone Law  
33 N Lasalle St  
Chicago, IL 60602-2603

Navy Federal Cr Union  
PO Box 3600  
Merrifield, VA 22116-3600

Remax Excellence  
16252 Prince Dr  
South Holland, IL 60473-3233

Illinois Department Of Child Support  
PO Box 19405  
Springfield, IL 62794-9405

Nco Fin/27  
Po Box 7216  
Philadelphia, PA 19101

Rmi/Mcsi  
3348 Ridge Rd  
Lansing, IL 60438-3112

Illinois Department Of Human Services  
For Chalana West  
401 South Clinton Street  
Chicago, IL 60607

Netbank, Inc  
9710 Two Notch Rd  
Columbia, SC 29223-4379

Sallie Mae  
PO Box 9500  
Wilkes Barre, PA 18773-9500

Illinois Department Of Revenue  
100 W Randolph St Ste 7-400  
Chicago, IL 60601-3218

Nicor Gas  
1844 W Ferry Rd  
Naperville, IL 60563-9662

Sallie Mae Servicing  
1002 Arthur Dr  
Lynn Haven, FL 32444-1683

Internal Revenue Service  
Mail Stop 5010 CHI  
230 S Dearborn St  
Chicago, IL 60604-1505

Nicor Gas  
1844 Ferry Road  
Naperville, IL 60563

TCF Bank  
800 Burr Ridge Pkwy  
Burr Ridge, IL 60527-6486

Internal Revenue Service  
IRS Centralized Insolvency Operation  
PO Box 21126  
Philadelphia, PA 19114-0326

Ocwen Federal Bank  
12650 Ingenuity Dr  
Orlando, FL 32826-2703

Telecheck  
5251 Westheimer Rd  
Houston, TX 77056-5412

Keller Graduate School Of Management  
225 W Washington St # 100  
Chicago, IL 60606-2418

Payday Loan Store  
628 W 14th St  
Chicago Heights, IL 60411

Tiffany Moore  
C/O Blumenshine Meyer  
221 N Lasalle St Ste 2206  
Chicago, IL 60601-1532

Linebarger, Goggan, Blair, & Sampson LLP  
Attorneys At Law  
PO Box 6152  
Chicago, IL 60606-0152

Payday Loan Store  
1515 Western Ave  
Chicago Heights, IL 60411-3148

Tresses Wylie  
22061 Neptune Ln  
Richton Park, IL 60471-3107

Merchant's Credit Guide Co.  
Executive Office  
223 W Jackson Blvd, Ste 900  
Chicago, IL 60606-6908

Portfio Recovery Associates  
Po Box 12914  
Norfolk, VA 23541

TSYS Debt Management  
PO Box 5155  
Norcross, GA 30091

Navy Fcu  
1 Security Place  
Merrifield, VA 22116

Professnl Acct Mgmt In  
633 W Wisconsin Ave Ste  
Milwaukee, WI 53203

University Of Phoenix  
3157 E Elwood St  
Phoenix, AZ 85034-7209

**Us Bank Home Mortgage  
777 E Wisconsin Ave  
Milwaukee, WI 53202-5300**

**Village Of Matteson  
4900 Village Commons  
Matteson, IL 60443-2666**

**Village Of Maywood  
Water Department  
125 S 5th Ave  
Maywood, IL 60153-1376**

**Village Of Maywood  
40 Madison St  
Maywood, IL 60153-2323**

**Village Of Maywood  
Water Department  
40 Madison St  
Maywood, IL 60153-2323**

**Washington Mutual  
Bankruptcy Department  
PO Box 99604  
Arlington, TX 76096-9604**

**West Asset Management  
220 Sunset Blvd Ste A  
Sherman, TX 75092-7465**

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR



SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

IN RE:

Case No. \_\_\_\_\_

Hodges, Arvell D

Chapter 7

Debtor(s)

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ **676.00**

Prior to the filing of this statement I have received ..... \$ **676.00**

Balance Due ..... \$ **0.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☐ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
  - e. [Other provisions as needed]

6. By agreement with the debtor(s), the above disclosed fee does not include the following services:

**Litigation/Adversary Proceedings**  
**Motions to Redeem \$400.00**  
**Credit Education Fees**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**November 7, 2008**

Date

**/s/ Nicolette Robovsky**

Signature of Attorney

**Gleason & Gleason**

Name of Law Firm

Form **1040**

Department of the Treasury—Internal Revenue Service

**U.S. Individual Income Tax Return 2007**

IRS Use Only—Do not write or staple in this space.

**Label**

(See instructions.)

Use the IRS label. Otherwise, please print or type.

LABEL HERE

For the year Jan. 1–Dec. 31, 2007, or other tax year beginning

2007, ending

20

OMB No. 1545-0074

Your first name and initial

Arvell D

Last name

Hodges

If a joint return, spouse's first name and initial

Last name

Home address (number and street). If you have a P.O. box, see instructions.

4551 Imperial Dr

Apt. no.

F

City, town or post office, state, and ZIP code. If you have a foreign address, see instructions.

Richton Park

IL 60471

Your social security number

321-68-6884

Spouse's social security number

You must enter your SSN(s) above.

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) ☐ You ☐ Spouse**Filing Status**

Check only one box.

- 1 ☐ Single
- 2 ☐ Married filing jointly (even if only one had income)
- 3 ☐ Married filing separately. Enter spouse's SSN above and full name here.
- 4 ☒ Head of household (with qualifying person). (See instr.) If the qualifying person is a child but not your dependent, enter this child's name here.
- 5 ☐ Qualifying widow(er) with dependent child (see instructions)

**Exemptions**

If more than four dependents, see instructions.

- 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a
- b ☐ Spouse
- c **Dependents:**
- | (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see instr.) |
|----------------|-----------|--|-------------------------------------|---|
| NASIA          | HODGES    | 331-98-7436                            | Daughter                            | X   |
|                |           |  |                                     |   |
|                |           |  |                                     |   |
|                |           |  |                                     |   |
- d Total number of exemptions claimed

Boxes checked on 6a and 6b

1

No. of children on 6c who:

• lived with you

1

• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above

2

**Income**

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2
- 8a Taxable interest. Attach Schedule B if required
- b Tax-exempt interest. Do not include on line 8a
- 9a Ordinary dividends. Attach Schedule B if required
- b Qualified dividends (see instructions)
- 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)
- 11 Alimony received
- 12 Business income or (loss). Attach Schedule C or C-EZ
- 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here
- 14 Other gains or (losses). Attach Form 4797
- 15a IRA distributions
- 15b Taxable amount (see inst.)
- 16a Pensions and annuities
- 16b Taxable amount (see inst.)
- 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
- 18 Farm income or (loss). Attach Schedule F
- 19 Unemployment compensation
- 20a Social security benefits
- 20b Taxable amount (see inst.)
- 21 Other income. List type and amount (see instructions)
- 22 Add the amounts in the far right column for lines 7 through 21. This is your total income
- 23 Educator expenses (see instructions)
- 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ
- 25 Health savings account deduction. Attach Form 8889
- 26 Moving expenses. Attach Form 3903
- 27 One-half of self-employment tax. Attach Schedule SE
- 28 Self-employed SEP, SIMPLE, and qualified plans
- 29 Self-employed health insurance deduction (see instructions)
- 30 Penalty on early withdrawal of savings
- 31a Alimony paid b Recipient's SSN
- 32 IRA deduction (see instructions)
- 33 Student loan interest deduction (see instructions)
- 34 Tuition and fees deduction. Attach Form 8917
- 35 Domestic production activities deduction. Attach Form 8903
- 36 Add lines 23 through 31a and 32 through 35
- 37 Subtract line 36 from line 22. This is your adjusted gross income

**Adjusted Gross Income**

KIA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Form **1040** (2007)

**Tax and Credits****Standard Deduction for—**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instr.

• All others:

Single or Married filing separately, \$5,350

Married filing jointly or Qualifying widow(er), \$10,700

Head of household, \$7,850

38	Amount from line 37 (adjusted gross income)	38	38,078
39a	Check if: <input type="checkbox"/> You were born before January 2, 1943, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1943, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a 0		
b	If your spouse itemizes on a separate return, or you were a dual-status alien, see instructions and check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,847
41	Subtract line 40 from line 38	41	25,231
42	If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet in the instructions		
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	42	6,800
44	Tax (see instructions). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> Form(s) 8889	43	18,431
45	Alternative minimum tax (see instructions). Attach Form 6251	44	2,204
46	Add lines 44 and 45	45	0
47	Credit for child and dependent care expenses. Attach Form 2441	46	2,204
48	Credit for the elderly or the disabled. Attach Schedule R	47	495
49	Education credits. Attach Form 8863	48	
50	Residential energy credits. Attach Form 5695	49	1,276
51	Foreign tax credit. Attach Form 1116 if required	50	
52	Child tax credit (see instructions). Attach Form 8901 if required	51	0
53	Retirement savings contributions credit. Attach Form 8880	52	433
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 c <input type="checkbox"/> Form 8839	53	0
55	Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	54	0
56	Add lines 47 through 55. These are your total credits	55	0
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	56	2,204
58	Self-employment tax. Attach Schedule SE	57	0
59	Unreported social security and Medicare tax from: a <input type="checkbox"/> Form 4137 b <input type="checkbox"/> Form 8919	58	0
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	0
61	Advance earned income credit payments from Form(s) W-2, box 9	60	0
62	Household employment taxes. Attach Schedule H	61	0
63	Add lines 57 through 62. This is your total tax	62	0
64	Federal income tax withheld from Forms W-2 and 1099	63	0
65	2007 estimated tax payments and amount applied from 2006 return	64	0
66a	Earned income credit (EIC)	65	0
b	Nontaxable combat pay election <input type="checkbox"/> 66b	66a	
67	Excess social security and tier 1 RRTA tax withheld (see instructions)	67	0
68	Additional child tax credit. Attach Form 8812	68	567
69	Amount paid with request for extension to file (see instructions)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	0
71	Refundable credit for prior year minimum tax from Form 8801, line 27	71	0
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	567
73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	567
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	567
b	Routing number 101089700		
d	Account number 2007001321686884		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
75	Amount of line 73 you want applied to your 2008 estimated tax	75	0
76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see the instructions	76	
77	Estimated tax penalty (see instructions)	77	

**Other Taxes****Payments**

If you have a qualifying child, attach Schedule EIC.

**Refund**

Direct deposit? See instructions and fill in 74b, 74c, and 74d, or Form 8888.

**Amount You Owe****Third Party Designee****Sign Here**

Joint return? See instructions. Keep a copy for your records.

**Paid Preparer's Use Only**

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following ☒ No

Designee's name  Phone no.  Personal identification number (PIN)

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature  Date  Your occupation  Daytime phone number

Spouse's signature. If a joint return, both must sign.  Date  Spouse's occupation

LNS 74B & D ARE NOT YOUR BANK

Preparer's signature  Date  Check if self-employed ☐ Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code  EIN

Phone no.

## SCHEDULES A&amp;B

(Form 1040)

Department of the Treasury  
Internal Revenue Service

## Schedule A—Itemized Deductions

(Schedule B is on page 2)

▶ Attach to Form 1040.

▶ See instructions for Schedules A&amp;B (Form 1040).

OMB No. 1545-0074

2007

Attachment  
Sequence No. 07

Name(s) shown on Form 1040

Arvell

D Hodges

Your social security number

321-68-6884

Medical  
and  
Dental  
Expenses

Caution. Do not include expenses reimbursed or paid by others.

- 1 Medical and dental expenses (see instructions) 1 4,478
- 2 Enter amount from Form 1040, line 38 2 38,078
- 3 Multiply line 2 by 7.5% (.075) 3 2,856
- 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- 4 1,622

Taxes You  
Paid(See  
instructions.)

- 5 State and local (check only one box):
- a ☒ Income taxes, or
- b ☐ General sales taxes
- 6 Real estate taxes (see instructions) 6 0
- 7 Personal property taxes 7 530
- 8 Other taxes. List type and amount ▶ 8 0
- 9 Add lines 5 through 8 9 2,200

Interest  
You Paid(See  
instructions.)

- 10 Home mortgage interest and points reported to you on Form 1098 10 0
- 11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶ 11 0
- 12 Points not reported to you on Form 1098. See instructions for special rules 12 0
- 13 Qualified mortgage insurance premiums (See instructions) 13 0
- 14 Investment interest. Attach Form 4952 if required. (See instructions.) 14 0
- 15 Add lines 10 through 14 15 0

Gifts to  
CharityIf you made a  
gift and got a  
benefit for it,  
see instructions.

- 16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions 16 3,825
- 17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 17 0
- 18 Carryover from prior year 18 5,200
- 19 Add lines 16 through 18 19 9,025

Casualty and  
Theft Losses

- 20 Casualty or theft loss(es). Attach Form 4684. (See instructions.) 20 0

Job Expenses  
and Other  
Miscellaneous  
Deductions(See  
instructions.)

- 21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶ 21 0
- 22 Tax preparation fees 22 39
- 23 Other expenses—investment, safe deposit box, etc. List type and amount ▶ 23 0
- 24 Add lines 21 through 23 24 39
- 25 Enter amount from Form 1040, line 38 25 38,078
- 26 Multiply line 25 by 2% (.02) 26 762
- 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- 27 0

Other  
Miscellaneous  
Deductions

- 28 Other—from list in the instructions. List type and amount ▶ 28 0

Total  
Itemized  
Deductions

- 29 Is Form 1040, line 38, over \$156,400 (over \$78,200 if married filing separately)?
- ☒ No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.
- ☐ Yes. Your deduction may be limited. See instructions for the amount to enter.
- 30 If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ ☐
- 29 12,847

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For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2007

**SCHEDULE C**  
**(Form 1040)****Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

**2007**Attachment  
Sequence No. **09**Department of the Treasury  
Internal Revenue Service (99)Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.  
Attach to Form 1040, 1040NR, or 1041. See instructions for Schedule C (Form 1040).

Name of proprietor

Arvell D Hodges

Social security number (SSN)

321-68-6884

A Principal business or profession, including product or service (see the instructions)  
Real Estate Salesperson

B Enter code from instructions

531210

C Business name. If no separate business name, leave blank.  
ARVELL HODGES

D Employer ID number (EIN), if any

E Business address (including suite or room no.)  
City, town or post office, state, and ZIP code 1014 MADISON ST  
MAYWOOD IL 60153F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) \_\_\_\_\_G Did you "materially participate" in the operation of this business during 2007? If "No," see instructions for limit on losses ☒ Yes ☐ NoH If you started or acquired this business during 2007, check here ☐**Part I** **Income**

1	Gross receipts or sales. <b>Caution.</b> If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see the instructions and check here <input type="checkbox"/>	1	14,840
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	14,840
4	Cost of goods sold (from line 42 on page 2)	4	0
5	Gross profit. Subtract line 4 from line 3	5	14,840
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	14,840

**Part II** **Expenses.** Enter expenses for business use of your home only on line 30.

8	Advertising	8	59	18	Office expense	18	
9	Car and truck expenses (see instructions)	9	12,916	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, & equipment	20a	0
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	0	21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15	690	23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	0
17	Legal and professional services	17		25	Utilities	25	
26				26	Wages (less employment credits)	26	
27				27	Other expenses (from line 48 on page 2)	27	1,955
28	Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28	15,620				
29	Tentative profit (loss). Subtract line 28 from line 7	29	-780				
30	Expenses for business use of your home. Attach Form 8829	30	1,333				
31	Net profit or (loss). Subtract line 30 from line 29.	31	-2,113				

- If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2 or on Form 1040NR, line 13 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.
- If a loss, you must go to line 32.

- 32 If you have a loss, check the box that describes your investment in this activity (see instructions).
- If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2 or on Form 1040NR, line 13 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.
  - If you checked 32b, you must attach Form 6198. Your loss may be limited.

32a ☒ All investment is at risk.32b ☐ Some investment is not at risk.

KIA For Paperwork Reduction Act Notice, see the instructions.

Schedule C (Form 1040) 2007

**Part III Cost of Goods Sold** (see instructions)

33	Method(s) used to value closing inventory:	a <input type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No			
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		0
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42		0

**Part IV Information on Your Vehicle.** Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year) ▶	01/17/07
44	Of the total number of miles you drove your vehicle during 2007, enter the number of miles you used your vehicle for:	
	a Business	5,680
	b Commuting (see instructions)	0
	c Other	1,867
45	Do you (or your spouse) have another vehicle available for personal use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46	Was your vehicle available for personal use during off-duty hours?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b If "Yes," is the evidence written?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Part V Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

REAL ESTATE CLASSES	680
MLS FEES	775
E/O Insurance	500
48 Total other expenses. Enter here and on page 1, line 27	48 1,955

KIA

**Part IV**

**Information on Your Vehicle.** Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

- 43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ 04/17/07
- 44 Of the total number of miles you drove your vehicle during 2007, enter the number of miles you used your vehicle for:
- a Business 15,460 b Commuting (see instructions) 3,290 c Other 0
- 45 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☒ No
- 46 Was your vehicle available for personal use during off-duty hours? ☒ Yes ☐ No
- 47a Do you have evidence to support your deduction? ☒ Yes ☐ No
- b If "Yes," is the evidence written? ☒ Yes ☐ No

**Part IV**

**Information on Your Vehicle.** Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

- 43 When did you place your vehicle in service for business purposes? (month, day, year) ▶
- 44 Of the total number of miles you drove your vehicle during 2007, enter the number of miles you used your vehicle for:
- a Business b Commuting (see instructions) c Other
- 45 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No
- 46 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No
- 47a Do you have evidence to support your deduction? ☐ Yes ☐ No
- b If "Yes," is the evidence written? ☐ Yes ☐ No

**Part IV**

**Information on Your Vehicle.** Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

- 43 When did you place your vehicle in service for business purposes? (month, day, year) ▶
- 44 Of the total number of miles you drove your vehicle during 2007, enter the number of miles you used your vehicle for:
- a Business b Commuting (see instructions) c Other
- 45 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No
- 46 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No
- 47a Do you have evidence to support your deduction? ☐ Yes ☐ No
- b If "Yes," is the evidence written? ☐ Yes ☐ No



**SCHEDULE E**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service**Supplemental Income and Loss**(From rental real estate, royalties, partnerships,  
S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

**2007**Attachment  
Sequence No. **13**

Name(s) shown on return

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ See instructions for Schedule E (Form 1040).

Your social security number

321-68-6884

Arvell D Hodges

**Part I** **Income or Loss From Rental Real Estate and Royalties**

Schedule C or C-EZ (see instructions). Report farm rental income or loss from Form 4835 on page 2, line 40.

<b>1</b>	<b>List the type and location of each rental real estate property:</b>	<b>2</b>	<b>For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:</b>	<b>Yes</b>	<b>No</b>
<b>A</b>	Multi Unit Property 100.0% 1014 madison Maywood IL		• 14 days or • 10% of the total days rented at fair rental value? (See instructions.)	<b>A</b>	<b>X</b>
<b>B</b>				<b>B</b>	
<b>C</b>				<b>C</b>	

Income:		Properties			Totals	
		A	B	C	(Add columns A, B, and C.)	
<b>3</b>	Rents received	14,785			<b>3</b>	14,785
<b>4</b>	Royalties received	0	0	0	<b>4</b>	0
<b>Expenses:</b>						
<b>5</b>	Advertising	0				
<b>6</b>	Auto and travel (see instructions)	0				
<b>7</b>	Cleaning and maintenance	1,525				
<b>8</b>	Commissions	0				
<b>9</b>	Insurance	1,570				
<b>10</b>	Legal and other professional fees	500				
<b>11</b>	Management fees	0				
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	3,237			<b>12</b>	3,237
<b>13</b>	Other interest	0				
<b>14</b>	Repairs	2,895				
<b>15</b>	Supplies	1,075				
<b>16</b>	Taxes	6,921				
<b>17</b>	Utilities	4,790				
<b>18</b>	Other (list) ▶	0				
		0				
		0				
		0				
<b>19</b>	Add lines 5 through 18	22,513	0	0	<b>19</b>	22,513
<b>20</b>	Depreciation expense or depletion (see instructions)	10,909			<b>20</b>	10,909
<b>21</b>	Total expenses. Add lines 19 and 20	33,422	0	0		
<b>22</b>	Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see instructions to find out if you must file Form 6198	-18,637	0	0		
<b>23</b>	Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See instructions to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2	( 18,637 )	( )	( )		
<b>24</b>	Income. Add positive amounts shown on line 22. Do not include any losses				<b>24</b>	0
<b>25</b>	Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here.				<b>25</b>	( 18,637 )
<b>26</b>	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2				<b>26</b>	-18,637

NPA -18,637

KIA

For Paperwork Reduction Act Notice, see instructions.

Schedule E (Form 1040) 2007

Schedule E (Form 1040) 2007

Document Page 50 of 64 13

Page 2

Name(s) shown on return. Do not enter name and social security number if shown on page 1.  
Arvell D HodgesYour social security number  
321-68-6884**Caution.** The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations**

Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? ☐ Yes ☐ No  
If you answered "Yes," see instructions before completing this section.

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A					
B					
C					
D					

**Passive Income and Loss****Nonpassive Income and Loss**

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A					
B					
C					
D					
29a Totals		0			0
b Totals	0		0	0	0

30	Add columns (g) and (j) of line 29a	30	0
31	Add columns (f), (h), and (i) of line 29b	31	( 0 )
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below	32	0

**Part III Income or Loss From Estates and Trusts**

33	(a) Name	(b) Employer identification number
A		
B		

**Passive Income and Loss****Nonpassive Income and Loss**

(c) Passive deduction or loss allowed (attach Form 8582 if required)		(d) Passive income from Schedule K-1	Nonpassive income and loss	
			(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34a	Totals	0		0
b	Totals	0	0	0
35	Add columns (d) and (f) of line 34a			0
36	Add columns (c) and (e) of line 34b			( 0 )
37	Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below			0
Part IV	Income or loss from Schedule E			0

**Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder**

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
			0	0	0
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39 0

**Part V Summary**

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	0
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code T; and Schedule K-1 (Form 1041), line 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under passive activity loss rules	43	-18,637

KIA

Schedule E (Form 1040) 2007

Form **2441** **Child and Dependent Care Expenses** OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.  
▶ See separate instructions.

Attachment Sequence No. **21**

Name(s) shown on return  
Arvell D Hodges

Your social security number  
321-68-6884

**Before you begin:** Figure the amount of any foreign tax credit you are claiming on Form 1040, line 51, or Form 1040NR, line 46.

**Part I** **Persons or Organizations Who Provided the Care—You must complete this part.**  
(If you have more than two care providers, see the instructions.)

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
Jacqueline Waites	8225 Ingleside Ave Chicago IL 60619	322-72-2818	2,150

Did you receive  
dependent care benefits?

No —————▶ Complete only Part II below.

Yes —————▶ Complete Part III on page 2 next.

**Caution.** If the care was provided in your home, you may owe employment taxes. See the instructions for Form 1040, line 62, or Form 1040NR, line 57.

**Part II** **Credit for Child and Dependent Care Expenses**

**2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2007 for the person listed in column (a)
First	Last		
NASIA	HODGES	331-98-7436	2,150

<b>3</b> Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 35	<b>3</b>	2,150																											
<b>4</b> Enter your <b>earned income</b> . See instructions	<b>4</b>	55,566																											
<b>5</b> If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); <b>all others</b> , enter the amount from line 4	<b>5</b>	55,566																											
<b>6</b> Enter the <b>smallest</b> of line 3, 4, or 5	<b>6</b>	2,150																											
<b>7</b> Enter the amount from Form 1040, line 38, or Form 1040NR, line 36	<b>7</b>	38,078																											
<b>8</b> Enter on line 8 the decimal amount shown below that applies to the amount on line 7	<b>8</b>	X 0.23																											
<p>If line 7 is:</p> <table> <tr> <th>Over</th><th>But not over</th><th>Decimal amount is</th></tr> <tr> <td>\$0—15,000</td><td></td><td>.35</td></tr> <tr> <td>15,000—17,000</td><td></td><td>.34</td></tr> <tr> <td>17,000—19,000</td><td></td><td>.33</td></tr> <tr> <td>19,000—21,000</td><td></td><td>.32</td></tr> <tr> <td>21,000—23,000</td><td></td><td>.31</td></tr> <tr> <td>23,000—25,000</td><td></td><td>.30</td></tr> <tr> <td>25,000—27,000</td><td></td><td>.29</td></tr> <tr> <td>27,000—29,000</td><td></td><td>.28</td></tr> </table>	Over	But not over	Decimal amount is	\$0—15,000		.35	15,000—17,000		.34	17,000—19,000		.33	19,000—21,000		.32	21,000—23,000		.31	23,000—25,000		.30	25,000—27,000		.29	27,000—29,000		.28		
Over	But not over	Decimal amount is																											
\$0—15,000		.35																											
15,000—17,000		.34																											
17,000—19,000		.33																											
19,000—21,000		.32																											
21,000—23,000		.31																											
23,000—25,000		.30																											
25,000—27,000		.29																											
27,000—29,000		.28																											
<p>If line 7 is:</p> <table> <tr> <th>Over</th><th>But not over</th><th>Decimal amount is</th></tr> <tr> <td>\$29,000—31,000</td><td></td><td>.27</td></tr> <tr> <td>31,000—33,000</td><td></td><td>.26</td></tr> <tr> <td>33,000—35,000</td><td></td><td>.25</td></tr> <tr> <td>35,000—37,000</td><td></td><td>.24</td></tr> <tr> <td>37,000—39,000</td><td></td><td>.23</td></tr> <tr> <td>39,000—41,000</td><td></td><td>.22</td></tr> <tr> <td>41,000—43,000</td><td></td><td>.21</td></tr> <tr> <td>43,000—No limit</td><td></td><td>.20</td></tr> </table>	Over	But not over	Decimal amount is	\$29,000—31,000		.27	31,000—33,000		.26	33,000—35,000		.25	35,000—37,000		.24	37,000—39,000		.23	39,000—41,000		.22	41,000—43,000		.21	43,000—No limit		.20		
Over	But not over	Decimal amount is																											
\$29,000—31,000		.27																											
31,000—33,000		.26																											
33,000—35,000		.25																											
35,000—37,000		.24																											
37,000—39,000		.23																											
39,000—41,000		.22																											
41,000—43,000		.21																											
43,000—No limit		.20																											
<b>9</b> Multiply line 6 by the decimal amount on line 8. If you paid 2006 expenses in 2007, see the instructions	<b>9</b>	495																											
<b>10</b> Enter the amount from Form 1040, line 46, or Form 1040NR, line 43	<b>10</b>	2,204																											
<b>11</b> Enter the amount from Form 1040, line 51, or Form 1040NR, line 46	<b>11</b>	0																											
<b>12</b> Subtract line 11 from line 10. If zero or less, <b>stop</b> . You cannot take the credit	<b>12</b>	2,204																											
<b>13</b> <b>Credit for child and dependent care expenses.</b> Enter the <b>smaller</b> of line 9 or line 12 here and on Form 1040, line 47, Form 1040NR, line 44	<b>13</b>	495																											

KIA For Paperwork Reduction Act Notice, see instructions.

Form **2441** (2007)

**Part III Dependent Care Benefits**

14	Enter the total amount of <b>dependent care benefits</b> you received in 2007. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. <b>Do not</b> include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	14	0
15	Enter the amount, if any, you carried over from 2006 and used in 2007 during the grace period. See instructions	15	
16	Enter the amount, if any, you forfeited or carried forward to 2008. See instructions	16	( 0 )
17	Combine lines 14 through 16. See instructions	17	0
18	Enter the total amount of <b>qualified expenses</b> incurred in 2007 for the care of the <b>qualifying person(s)</b>	18	2,150
19	Enter the <b>smaller</b> of line 17 or 18	19	0
20	Enter your <b>earned income</b> . See instructions	20	55,566
21	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> <li>• If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5).</li> <li>• If married filing separately, see the instructions for the amount to enter.</li> <li>• All others, enter the amount from line 20.</li> </ul>	21	55,566
22	Enter the <b>smallest</b> of line 19, 20, or 21	22	0
23	Enter the amount from line 14 that you received from your sole proprietorship or partnership. If you did not receive any such amounts, enter -0-	23	0
24	Subtract line 23 from line 17	24	0
25	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 21)	25	5,000
26	<b>Deductible benefits.</b> Enter the <b>smallest</b> of line 22, 23, or 25. Also, include this amount on the appropriate line(s) of your return. See instructions	26	0
27	Enter the <b>smaller</b> of line 22 or 25	27	0
28	Enter the amount from line 26	28	0
29	<b>Excluded benefits.</b> Subtract line 28 from line 27. If zero or less, enter -0-	29	0
30	<b>Taxable benefits.</b> Subtract line 29 from line 24. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7, or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7, or Form 1040NR, line 8, enter "DCB"	30	0

To claim the child and dependent care credit, complete lines 31-35 below.

31	Enter \$3,000 (\$6,000 if two or more qualifying persons)	31	3,000
32	Add lines 26 and 29	32	0
33	Subtract line 32 from line 31. If zero or less, <b>stop</b> . You cannot take the credit. <b>Exception.</b> If you paid 2006 expenses in 2007, see the instructions for line 9	33	3,000
34	Complete line 2 on page 1 of this form. <b>Do not</b> include in column (c) any benefits shown on line 32 above. Then, add the amounts in column (c) and enter the total here	34	2,150
35	Enter the <b>smaller</b> of line 33 or 34. Also, enter this amount on line 3 on page 1 of this form and complete lines 4-13	35	2,150

KIA

Form **8812****Additional Child Tax Credit**

Document Page 53 of 64

OMB No. 1545-0074

**2007**Department of the Treasury  
Internal Revenue Service

Complete and attach to Form 1040, Form 1040A or Form 1040NR.

8812

Attachment  
Sequence No. **47**

Name(s) shown on return

Arvell D Hodges

Your social security number  
321-68-6884**Part I All Filers**

1	Enter the amount from line 1 of your Child Tax Credit Worksheet from the Form 1040 instructions, the Form 1040A instructions, or the Form 1040NR instructions. If you used Pub. 972, enter the amount from line 8 of the worksheet of the publication	1	1,000
2	Enter the amount from Form 1040, line 52, Form 1040A, line 32, or Form 1040NR, line 47	2	433
3	Subtract line 2 from line 1. If zero, stop; you cannot take this credit	3	567
4a	Enter your total earned income (see instructions)	4a	55,566
4b	Nontaxable combat pay (see instructions)	4b	0
5	Is the amount on line 4a more than \$11,750? <input type="checkbox"/> No. Leave line 5 blank, enter -0- on line 6. <input checked="" type="checkbox"/> Yes. Subtract \$11,750 from the amount on line 4a. Enter the result	5	43,816
6	Multiply the amount on line 5 by 15% (.15) and enter the result Next, do you have three or more qualifying children? <input checked="" type="checkbox"/> No. If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part II and enter the smaller of line 3 or line 6 on line 13. <input type="checkbox"/> Yes. If line 6 is equal to or more than line 3, skip Part II and enter the amount from line 3 on line 13. Otherwise, go to line 7.	6	6,572

**Part II Certain Filers Who Have Three or More Qualifying Children**

7	Withheld social security and Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If you worked for a railroad, see the instructions	7	
8	1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 59, plus any taxes that you identified using code "UT" and entered on the dotted line next to line 63. 1040A filers: Enter -0-. 1040NR filers: Enter the total of the amounts from Form 1040NR, line 54, plus taxes that you identified using code "UT" and entered on the dotted line next to line 58	8	
9	Add lines 7 and 8	9	
10	1040 filers: Enter the total of the amounts from Form 1040, lines 66a and 67. 1040A filers: Enter the total of the amount from Form 1040A, line 40a, plus any excess social security and tier I RRTA taxes withheld that you entered to the left of line 42 (see the instructions). 1040NR filers: Enter the amount from Form 1040NR, line 61.	10	
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	
12	Enter the larger of line 6 or line 11 Next, enter the smaller of line 3 or line 12 on line 13.	12	

**Part III Additional Child Tax Credit**

13	This is your additional child tax credit	13	567
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1040  
1040A  
1040NREnter this amount on  
Form 1040, line 68,  
Form 1040A, line 41, or  
Form 1040NR, line 62.

KIA For Paperwork Reduction Act Notice, see Instructions.

Form **8812** (2007)

Form **8863****Education Credits**  
**(Hope and Lifetime Learning Credits)**

▶ See instructions.

▶ Attach to Form 1040 or Form 1040A.

OMB No. 1545-0074

**2007**Attachment  
Sequence No. **50**Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

Arvell D Hodges

Your social security number

321-68-6884

**Caution:** • You **cannot** take the Hope credit and the lifetime learning credit for the **same student** in the same year.  
• You **cannot** take both an education credit and the tuition and fees deduction (see Form 8917) for the **same student** in the same year.

**Before you begin:** Figure the amount of any credit you are claiming on Form 1040, line 51.

**Part I Hope Credit.** Caution: You **cannot** take the Hope credit for more than 2 tax years for the **same student**.

1	(a) Student's name (as shown on page 1 of your tax return) First name Last name	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instructions) Do not enter more than \$2,200 for each student.	(d) Enter the smaller of the amount in column (c) or \$1,100	(e) Add column (c) and column (d)	(f) Enter one-half of the amount in column (e)
				0	0	0
				0	0	0
				0	0	0
2	<b>Tentative Hope credit.</b> Add the amounts on line 1, column (f). If you are taking the lifetime learning credit for another student, go to Part II; otherwise, go to Part III					0

**Part II Lifetime Learning Credit**

3	(a) Student's name (as shown on page 1 of your tax return)		(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instructions)
	First name	Last name		
	Arvell	Hodges	321-68-6884	6,380
4	Add the amounts on line 3, column (c), and enter the total			
5	Enter the smaller of line 4 or \$10,000			4 6,380
6	Tentative lifetime learning credit. Multiply line 5 by 20% (.20) and go to Part III			5 6,380
Part III	Allowable Education Credit			6 1,276

**Part III Allowable Education Credits**

7	<b>Tentative education credits.</b> Add lines 2 and 6			7	1,276
8	Enter: \$114,000 if married filing jointly; \$57,000 if single, head of household, or qualifying widow(er)			8	57,000
9	Enter the amount from Form 1040, line 38*, or Form 1040A, line 22			9	38,078
10	Subtract line 9 from line 8. If zero or less, <b>stop</b> ; you cannot take any education credits			10	18,922
11	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)			11	10,000
12	If line 10 is equal to or more than line 11, enter the amount from line 7 on line 13 and go to line 14. If line 10 is less than line 11, divide line 10 by line 11. Enter the result as a decimal (rounded to at least three places)			12	X
13	Multiply line 7 by line 12			13	1,276
14	Enter the amount from Form 1040, line 46, or Form 1040A, line 28			14	2,204
15	Enter the total, if any, of your credits from Form 1040, lines 47, 48, and 51; or Form 1040A, lines 29 and 30			15	495
16	Subtract line 15 from line 14. If zero or less, <b>stop</b> . You cannot take any education credits			16	1,709
17	<b>Education credits.</b> Enter the smaller of line 13 or line 18 here and on Form 1040, line 49, or Form 1040A, line 31			17	1,276

\* If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter.

**KIA For Paperwork Reduction Act Notice, see instructions.**

Form **8863** (2007)

Form **8829** **Expenses for Business Use of Your Home** Page 55 of 64 OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service (99)

Name(s) of proprietor(s)  
Arvell D Hodges

2007  
Attachment  
Sequence No. 66

File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.  
See separate instructions.

Your social security number  
321-68-6884

**Part I Part of Your Home Used for Business**

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	350
2	Total area of home	2	1,200
3	Divide line 1 by line 2. Enter the result as a percentage	3	29.17 %
For daycare facilities not used exclusively for business, go to line 4. All others go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	Total hours available for use during the year (365 days X 24 hrs) (see instructions)	5	8,760 hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	29.17 %

**Part II Figure Your Allowable Deduction**

8	Enter the amount from Schedule C, line 29, plus any net gain or (loss) derived from the business use of your home and shown on Schedule D or Form 4797. If more than one place of business, see instructions See instructions for columns (a) and (b) before completing lines 9-21.	8	-780
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	4,570
11	Real estate taxes (see instructions)	11	
12	Add lines 9, 10, and 11	12	0
13	Multiply line 12, column (b) by line 7	13	1,333
14	Add line 12, column (a) and line 13	14	1,333
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	0
16	Excess mortgage interest (see instructions)	16	
17	Insurance	17	
18	Rent	18	
19	Repairs and maintenance	19	
20	Utilities	20	
21	Other expenses (see instructions)	21	
22	Add lines 16 through 21	22	0
23	Multiply line 22, column (b) by line 7	23	0
24	Carryover of operating expenses from 2006 Form 8829, line 42	24	831
25	Add line 22 in column (a), line 23, and line 24	25	831
26	Allowable operating expenses. Enter the smaller of line 15 or line 25	26	0
27	Limit on excess casualty losses and depreciation. Subtract line 26 from line 15	27	0
28	Excess casualty losses (see instructions)	28	0
29	Depreciation of your home from Part III below	29	2,244
30	Carryover of excess casualty losses and depreciation from 2006 Form 8829, line 43	30	2,965
31	Add lines 28 through 30	31	5,209
32	Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31	32	0
33	Add lines 14, 26, and 32	33	1,333
34	Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684, Section B	34	0
35	Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	35	1,333

**Part III Depreciation of Your Home**

36	Enter the smaller of your home's adjusted basis or its fair market value (see instr.)	36	325,000
37	Value of land included on line 36	37	25,000
38	Basis of building. Subtract line 37 from line 36	38	300,000
39	Business basis of building. Multiply line 38 by line 7	39	87,510
40	Depreciation percentage (see instructions)	40	2.5640 %
41	Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above	41	2,244

**Part IV Carryover of Unallowed Expenses to 2008**

42	Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-	42	831
43	Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-	43	5,209

## View Paycheck

Document

Page 56 of 64

Arvell Hodges

**Company:**  
Aon Service Corporation

**Address:**  
200 East Randolph  
Chicago, IL 60601

**Net Pay:** \$2,094.39**Pay Begin Date:** 08/01/2008**Pay End Date:** 08/15/2008**Check Date:** 08/15/2008[View a Different Payment](#)

General	
<b>Name:</b>	Arvell D. Hodges
<b>Employee ID:</b>	0530875
<b>Address:</b>	4551 Imperial Dr. Richton Park, IL 60471
<b>Job Title:</b>	Sr Staff Accountant
<b>Pay Rate:</b>	\$65,000.00 Annual

Current Vacation Hours	
<b>Starting Balance:</b>	0.00
<b>+ Earned YTD:</b>	31.25
<b>- Taken YTD:</b>	52.50
<b>+ Adjusted YTD:</b>	0.00
<b>Ending Balance:</b>	-21.25

Tax Data			
<b>Fed Marital Status:</b>	Single	<b>IL Marital Status:</b>	Not applicable
<b>Fed Allowances:</b>	10	<b>IL Allowances:</b>	5
<b>Fed Addl Percent:</b>	0.000	<b>IL Addl Percent:</b>	0.000
<b>Fed Addl Amount:</b>	\$0.00	<b>IL Addl Amount:</b>	\$0.00

## Paycheck Summary

	Gross Earnings	Fed Taxable Gross	Total Taxes	Total Deductions	Net Pay
<b>Current</b>	2,708.33	2,479.31	374.26	239.68	2,094.39
<b>YTD</b>	19,708.31	18,538.53	3,071.50	1,229.38	15,407.43

  

Earnings			Taxes		
Description	Hours	YTD Amount	Description	Amount	YTD Amount
Semi-Monthly		2,708.33	Fed Withholding	120.65	1,184.72
Vacation	30.00	1,000.00	Fed MED/EE	36.34	271.16
			Fed OASDI/EE	155.39	1,159.46
			IL Withholding	61.88	456.16

  

<b>Total:</b>	30.00	2,708.33	19,708.31	<b>Total:</b>	374.26	3,071.50
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## Before-Tax Deductions

## After-Tax Deductions

## Employer Paid Benefits

Description	Amount	YTD Amount	Description	Amount	YTD Amount	Description	Amount	YTD Amount
Med Bf	192.04	960.20	SuppLife	1.95	13.65	Med Bf	447.51	2,237.55
Den Bf	12.30	61.50	Ltd	6.31	31.55	Den Bf	36.04	180.20
401K	27.08	162.48				Life	9.04	54.24
						Life*	2.40	14.40
						Basic AD&D	1.95	11.70



Total:	231.42	1,184.18	Total:	8.26	45.20	Total:	496.94	2,498.09
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## Net Pay Distribution

Payment Type	Paycheck Number	Account Type	Account Number	Amount
Direct Deposit	4619860	Checking	4505037389	2,094.39

## View Paycheck

## Document

## Page 58 of 64

Arvell Hodges

## Company:

Aon Service Corporation

## Address:

200 East Randolph

Chicago, IL 60601

Net Pay: \$2,094.37

Pay Begin Date: 08/16/2008

Pay End Date: 08/31/2008

Check Date: 08/29/2008

[View a Different Payment](#)

## General

**Name:** Arvell D. Hodges  
**Employee ID:** 0530875  
**Address:** 4551 Imperial Dr.  
 Richton Park, IL 60471  
**Job Title:** Sr Staff Accountant  
**Pay Rate:** \$65,000.00 Annual

## Current Vacation Hours

**Starting Balance:** 0.00  
**+ Earned YTD:** 31.25  
**- Taken YTD:** 52.50  
**+ Adjusted YTD:** 0.00  
**Ending Balance:** -21.25

## Tax Data

<b>Fed Marital Status:</b> Single	<b>IL Marital Status:</b> Not applicable
<b>Fed Allowances:</b> 10	<b>IL Allowances:</b> 5
<b>Fed Addl Percent:</b> 0.000	<b>IL Addl Percent:</b> 0.000
<b>Fed Addl Amount:</b> \$0.00	<b>IL Addl Amount:</b> \$0.00

## Paycheck Summary

	Gross Earnings	Fed Taxable Gross	Total Taxes	Total Deductions	Net Pay
Current	2,708.33	2,479.31	374.28	239.68	2,094.37
YTD	22,416.64	21,017.84	3,445.78	1,469.06	17,501.80

## Earnings

Description	Hours	YTD Hours	Rate	Amount	YTD Amount	Description	Amount	YTD Amount
Semi-Monthly				2,708.33	21,416.64	Fed Withholding	120.65	1,305.37
Vacation	30.00				1,000.00	Fed MED/EE	36.35	307.51
						Fed OASDI/EE	155.40	1,314.86
						IL Withholding	61.88	518.04

<b>Total:</b>	<b>30.00</b>	<b>2,708.33</b>	<b>22,416.64</b>	<b>Total:</b>	<b>374.28</b>	<b>3,445.78</b>
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## Before-Tax Deductions

## After-Tax Deductions

## Employer Paid Benefits

Description	Amount	YTD Amount	Description	Amount	YTD Amount	Description	Amount	YTD Amount
Med Bf	192.04	1,152.24	SuppLife	1.95	15.60	Med Bf	447.51	2,685.06
Den Bf	12.30	73.80	Ltd	6.31	37.86	Den Bf	36.04	216.24
401K	27.08	189.56				Life	9.04	63.28
						Life*	2.40	16.80
						Basic AD&D	1.95	13.65

Total:	231.42	1,415.60	Total:	8.26	53.46	Total:	496.94	2,995.03
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## Net Pay Distribution

Payment Type	Paycheck Number	Account Type	Account Number	Amount
Direct Deposit	4634507	Checking	4505037389	2,094.37

**View Paycheck**

Document

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Arvell Hodges

**Company:**  
Aon Service Corporation

**Address:**  
200 East Randolph  
Chicago, IL 60601

**Net Pay:** \$2,094.39**Pay Begin Date:** 09/01/2008**Pay End Date:** 09/15/2008**Check Date:** 09/15/2008View a [Different Payment](#)

General	
<b>Name:</b>	Arvell D. Hodges
<b>Employee ID:</b>	0530875
<b>Address:</b>	4551 Imperial Dr. Richton Park, IL 60471
<b>Job Title:</b>	Sr Staff Accountant
<b>Pay Rate:</b>	\$65,000.00 Annual

Current Vacation Hours	
<b>Starting Balance:</b>	0.00
<b>+ Earned YTD:</b>	31.25
<b>- Taken YTD:</b>	52.50
<b>+ Adjusted YTD:</b>	0.00
<b>Ending Balance:</b>	-21.25

Tax Data			
<b>Fed Marital Status:</b>	Single	<b>IL Marital Status:</b>	Not applicable
<b>Fed Allowances:</b>	10	<b>IL Allowances:</b>	5
<b>Fed Addl Percent:</b>	0.000	<b>IL Addl Percent:</b>	0.000
<b>Fed Addl Amount:</b>	\$0.00	<b>IL Addl Amount:</b>	\$0.00

## Paycheck Summary

	Gross Earnings	Fed Taxable Gross	Total Taxes	Total Deductions	Net Pay
<b>Current</b>	2,708.33	2,479.31	374.26	239.68	2,094.39
<b>YTD</b>	25,124.97	23,497.15	3,820.04	1,708.74	19,596.19

## Earnings

Description	Hours	YTD Hours	Rate	Amount	YTD Amount	Description	Amount	YTD Amount
Semi-Monthly				1,958.33	23,374.97	Fed Withholding	120.65	1,426.02
Vacation	22.50	52.50	33.333333	750.00	1,750.00	Fed MED/EE	36.34	343.85
						Fed OASDI/EE	155.39	1,470.25
						IL Withholding	61.88	579.92

<b>Total:</b>	<b>22.50</b>	<b>52.50</b>		<b>2,708.33</b>	<b>25,124.97</b>	<b>Total:</b>	<b>374.26</b>	<b>3,820.04</b>
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Before-Tax Deductions			After-Tax Deductions			Employer Paid Benefits		
Description	Amount	YTD Amount	Description	Amount	YTD Amount	Description	Amount	YTD Amount
Med Bf	192.04	1,344.28	SuppLife	1.95	17.55	Med Bf	447.51	3,132.57
Den Bf	12.30	86.10	Ltd	6.31	44.17	Den Bf	36.04	252.28
401K	27.08	216.64				Life	9.04	72.32
						Life*	2.40	19.20
						Basic AD&D	1.95	15.60

Total:	231.42	1,647.02	Total:	8.26	61.72	Total:	496.94	3,491.97
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## Net Pay Distribution

Payment Type	Paycheck Number	Account Type	Account Number	Amount
Direct Deposit	4648608	Checking	4505037389	2,094.39

## View Paycheck

Arvell Hodges

**Company:**  
Aon Service Corporation

**Address:**  
200 East Randolph  
Chicago, IL 60601

**Net Pay:** \$2,094.38  
**Pay Begin Date:** 09/16/2008  
**Pay End Date:** 09/30/2008  
**Check Date:** 09/30/2008  
[View a Different Payment](#)

General		Current Vacation Hours	
<b>Name:</b>	Arvell D. Hodges	<b>Starting Balance:</b>	0.00
<b>Employee ID:</b>	0530875	<b>+ Earned YTD:</b>	31.25
<b>Address:</b>	4551 Imperial Dr. Richton Park, IL 60471	<b>- Taken YTD:</b>	52.50
		<b>+ Adjusted YTD:</b>	0.00
<b>Job Title:</b>	Sr Staff Accountant	<b>Ending Balance:</b>	-21.25
<b>Pay Rate:</b>	\$65,000.00 Annual		

Tax Data			
<b>Fed Marital Status:</b>	Single	<b>IL Marital Status:</b>	Not applicable
<b>Fed Allowances:</b>	10	<b>IL Allowances:</b>	5
<b>Fed Addl Percent:</b>	0.000	<b>IL Addl Percent:</b>	0.000
<b>Fed Addl Amount:</b>	\$0.00	<b>IL Addl Amount:</b>	\$0.00

### Paycheck Summary

	Gross Earnings	Fed Taxable Gross	Total Taxes	Total Deductions	Net Pay
<b>Current</b>	2,708.33	2,479.31	374.27	239.68	2,094.38
<b>YTD</b>	27,833.30	25,976.46	4,194.31	1,948.42	21,690.57

### Earnings

Description	Hours	YTD Hours	Rate	Amount	YTD Amount	Description	Amount	YTD Amount
Semi-Monthly				2,458.33	25,833.30	Fed Withholding	120.65	1,546.67
Sick	7.50	7.50	33.333333	250.00	250.00	Fed MED/EE	36.34	380.19
Vacation		52.50			1,750.00	Fed OASDI/EE	155.40	1,625.65
						IL Withholding	61.88	641.80

<b>Total:</b>	<b>7.50</b>	<b>60.00</b>		<b>2,708.33</b>	<b>27,833.30</b>	<b>Total:</b>	<b>374.27</b>	<b>4,194.31</b>
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Before-Tax Deductions			After-Tax Deductions			Employer Paid Benefits		
Description	Amount	YTD Amount	Description	Amount	YTD Amount	Description	Amount	YTD Amount
Med Bf	192.04	1,536.32	SuppLife	1.95	19.50	Med Bf	447.51	3,580.08
Den Bf	12.30	98.40	Ltd	6.31	50.48	Den Bf	36.04	288.32
401K	27.08	243.72				Life	9.04	81.36
						Life*	2.40	21.60
						Basic AD&D	1.95	17.55

Certificate Number: 00437-ILN-CC-005166350

### CERTIFICATE OF COUNSELING

I CERTIFY that on October 16, 2008, at 8:54 o'clock AM MDT,

Arvell D Hodges received from

Black Hills Children's Ranch, Inc.,

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the

Northern District of Illinois, an individual [or group] briefing that complied

with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: October 16, 2008

By /s/Jacquelyn Galles

Name Jacquelyn Galles

Title Credit Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

IN RE:

Case No. \_\_\_\_\_

Hodges, Arvell D

Debtor(s)

Chapter 7**DECLARATION REGARDING ELECTRONIC FILING**

Signed by Debtor(s) or Corporate Representative

**To Be Used When Filing over the Internet****PART I - DECLARATION OF PETITIONER**Date: **October 16, 2008**

A. To be completed in all cases.

I (We) Arvell D Hodges and \_\_\_\_\_, the undersigned debtor(s), corporate officer, partner, or member, hereby declare under penalty of perjury that the information I(we) have given my (our) attorney, including correct social security number(s) and the information provided in the electronically filed petition, statements, schedules, and if applicable, application to pay filing fee in installments, is true and correct. I(we) consent to my(our) attorney sending the petition, statements, schedules, and this DECLARATION to the United States Bankruptcy Court. I(we) understand that this DECLARATION must be filed with the Clerk in addition to the petition. I(we) understand that failure to file this DECLARATION will cause this case to be dismissed pursuant to 11 U.S.C. sections 707(a) and 105.

B. To be checked and applicable only if the petitioner is an individual (or individuals) whose debts are primarily consumer debts and who has (or have) chosen to file under chapter 7.

- ☒ I(we) am(are) aware that I(we) may proceed under chapter 7, 11, 12, or 13 of Title 11 United States Code: I(we) understand the relief available under each such chapter; I(we) choose to proceed under chapter 7; and I(we) request relief in accordance with chapter 7.

C. To be checked and applicable only if the petition is a corporation, partnership, or limited liability entity.

- ☐ I declare under penalty of perjury that the information provided in this petition is true and correct and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in the petition.

Signature: \_\_\_\_\_

(Debtor or Corporate Officer, Partner or Member)

Signature: \_\_\_\_\_

(Joint Debtor)